

> Denotes revised material in this JPM

JOB PERFORMANCE MEASURE

TASK CODE: CFO-127

TASK: >Operate the Fixed Beta CAM

NAME: _____ **>BADGE:** _____

>REFERENCES: Only references for knowledge items are listed here. The trainee is expected to identify the correct references for practical items.

1. WP 12-HP1300, Radiological Monitoring Equipment

TERMINAL OBJECTIVE:

>Given that a fixed beta CAM requires operation, change the filters and operate the fixed beta CAM per WP 12-HP1300.

CONSEQUENCES OF INADEQUATE PERFORMANCE:

Unreliable sample activity
Improper CAM operation

HAZARDS (PERSONNEL/EQUIPMENT STATUS):

>Radioactive Material release to the environment

PRE-REQUISITE TRAINING/ TASK COMPLETION:

1. CL 1.00 Series
- >2. CL 2.06, Air Sampling Programs/Methods
- >3. CL 2.18, Air Sampling Equipment
4. CFO-156, Control Radioactive Sources

TOOLS/EQUIPMENT (MATERIALS REQUIRED):

- | | |
|--------------------------|--|
| 1. Air Sample Filters | 5. Forceps/tweezers |
| 2. Air Sample Data Sheet | 6. CAM Key |
| 3. Sample containers | >7. WP 12HP-1300 attachments as needed |
| >4. Fixed beta CAM | |

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Instructions to Trainee: You shall acquire the necessary references and equipment, and complete all required documentation. Knowledge requirements shall be completed with 80% or greater accuracy. Critical step performance shall be completed with 100% accuracy.

Instructions to JPM Evaluator: The trainee is to perform the terminal objective, without assistance, on the job site. Provide clarification of requirements if requested by the trainee. You are encouraged to ask relevant questions to verify trainee understanding. If the trainee fails this JPM, clearly document the reason for failure and forward to the trainee's manager. Successful completion of this JPM shall be recorded on the trainee's qualification card.

>On performance items, if there is more than one means available to accomplish the step, circle the method used. Refer to the RCT-01 Qualification Standard for preference of use.

KNOWLEDGE REQUIREMENTS:

Reference	Knowledge Requirement	Pass/Fail
1	Discuss your actions if the air flow to an air sample is secured before the filter is collected.	
1	State the reason for not changing EMS filters if there is no vacuum.	
1	State your actions if the beta CAM does not meet the functional check requirements.	
1	State your actions when a CAM does not operate properly.	
1	Describe the basic operation of a CAM.	
1	State the radioactivity and flow rate alarm setpoints.	
1	State your actions if the alarm setpoint is to be set at a level other than normal.	
1	Describe the effect of a temperature inversion on the CAM.	

PERFORMANCE REQUIREMENTS:

>Method	Performance Requirement	Pass/Fail
	FUNCTIONAL CHECKS	
P	Perform the functional test setup. #	
P	Perform the Malfunction/Rad Fail Alarm test. #	
P	Perform the HI Alarm test. #	
P	Perform the Flow Alarm test. #	
P	Restore the CAM to operable condition. #	

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>Method	Performance Requirement	Pass/Fail
	CAM OPERATION	
P	Check LDU power and pump control panel lights (if applicable).#	
P	Check LDU panel for any alarm conditions. #	
P	Check that the CAM is indicating background. #	
P	Check airflow as indicated by the flow box. #	
P	Verify that the ENABLE/DISABLE switch is in the ENABLE position. #	
P	Verify the CAM is in current calibration. #	
P	For UPS skids, check that power supply control is in the ON position and the LEDs are lit. #	
P	Perform a physical inspection of the CAM. #	
P	Set the HI alarm setpoint. #	
P	Check the HI alarm setpoint with a radiation source. #	
P	Set and check the flow rate alarm. #	
P, S	Record all information on the Beta CAM Functional Check Data Sheet and submit for review. #	
	CHANGING CAM FILTERS	
P	Notify the CMR prior to filter replacement. #	
P	Record the initial and final information on the Radiological Equipment Monitoring Log sheet. #	
P	Remove the loaded filter without disturbing the collection area. #	
P	Install a clean filter. #	
P	Verify correct flow rate and correct if not correct. #	
P	Store the filter for recounting. #	

indicates a critical step

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FINAL EVALUATION:

PASS

FAIL

COMMENTS:

EVALUATOR SIGNATURE:

_____ **DATE:** _____

TRAINEE SIGNATURE:

_____ **DATE:** _____

MANAGER SIGNATURE:

_____ **DATE:** _____